UNI STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FE	E REFUND DISC MARKET
1 Date of Request: 8/17/05 2 Seri	ial/Patent # (4,576,657
3 Please refund the following fee(s):	4 PAPER 5 DATE NUMBER FILED 6 AMOUNT
Filing	\$
Amendment	\$
Extension of Time	\$
Notice of Appeal/Appeal	\$
Petition	\$.
Issue	\$
Cert of Correction/Terminal Disc.	. \$
Maintenance	\$
Assignment	ş ş
Other	\$
	7 TOTAL AMOUNT OF REFUND \$
	8 TO BE REFUNDED BY:
10 REASON:	Treasury Check
Overpayment	Credit Deposit A/C #:
U Duplicate Payment	1 1/9 3 8 80
No Fee Due (Explanation):	
'	- 77
11 REFUND REQUESTED BY:	/ /
TYPED/PRINTED NAME: MySol, CACCO	TITLE: Legul (5) Correla
SIGNATURE:	PHONE:
office: U.S. Q (IN)	******
THIS SPACE RESERVED FOR FINANCE USE ONL APPROVED:	
J. V	_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B